

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007848

FILED
Apr 26, 2007
Secretary of State

Entity Name: THE GULF ALLIANCE FOR LOCAL ARTS, INC.

Current Principal Place of Business:

133 MAGELLAN ST.
PORT ST. JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 423
PORT ST. JOE, FL 32457

New Mailing Address:

FEI Number: 30-0124395

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAGIDSON, MEL C JR
528 6TH STREET
PORT ST. JOE, FL 32456 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CREASY, CHARLES L
Address: 133 MAGELLAN ST.
City-St-Zip: PORT ST. JOE, FL 32456

Title: VD () Delete
Name: PEREZ, JODI
Address: 1212 LONG AVE.
City-St-Zip: PORT ST. JOE, FL 32456

Title: SD () Delete
Name: RISINGER, CONNIE
Address: P.O. BOX 13138
City-St-Zip: MEXICO BEACH, FL 32410

Title: TD () Delete
Name: CREASY, MARNIE
Address: 133 MAGELLAN STREET
City-St-Zip: ST. JOE BEACH, FL 32456

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PEREZ, JODI
Address: 1212 LONG AVE.
City-St-Zip: PORT ST. JOE, FL 32456

Title: VD (X) Change () Addition
Name: PICKETT, BOYD
Address: 108 SUNSET CIRCLE
City-St-Zip: PORT ST. JOE, FL 32456

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: SMITH, JAMIE
Address: 7921 CAPE SAN BLAS ROAD
City-St-Zip: PORT ST. JOE, FL 32456

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMIE J. SMITH

TD

04/26/2007

Electronic Signature of Signing Officer or Director

Date